

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that
My residence, post office address and citizenship are as stated below next to my name; that
I verily believe I am the original, first and sole inventor (If only one name is listed below) or an original, first and
joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is
sought on the invention entitled: A FILM IMAGE READING DEVICE AND STORAGE MEDIUM WHICH STORES THE
CONTROL PROCESS FOR THE FILM IMAGE READING DEVICE

described and claimed in the specification:

Check one

- a. ☒ attached hereto.
b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including
the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as
defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States
provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Application Hei 8-163197 filed 6/24/96
Japanese Application Hei 9-82932 filed 4/1/97

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to
the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the
above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to
prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,460; Robert A. Miller, Registration No. 32,771 and
Mario A. Costantino, Registration No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF &
BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements
made herein of my own knowledge are true and that all statements made on information and belief are believed to be
true; and further that these statements were made with the knowledge that willful false statements and the like so made
are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that
such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Name
of First or Sole Inventor

Takahiro

Given Name

Takahiro

Middle Initial

IKEDA

Family Name

Ikeda

**Inventor's Signature:

**Date of Signature:

June

Month

23

Day

1997

Year

Residence:

Toshima-ku

City

Tokyo

State or Province

Japan

Country

Citizenship:

Post Office Address:
(Insert complete
mailing address,
including country)

NIKON CORPORATION (Intellectual Property Department)

2-3 Marunouchi 3-chome, Chiyoda-ku, Tokyo, Japan

When checked, this form may be executed only when attached to the specification (including claims).

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

**Typewritten Full Name
of Second Joint Inventor (if any)**

	<u>Toshiya</u>		<u>AIKAWA</u>
	Given Name	Middle Initial	Family Name
**Inventor's Signature:	<u>Toshiya</u>		<u>Aikawa</u>
**Date of Signature:	<u>June</u>	<u>23</u>	<u>1997</u>
	Month	Day	Year
Residence:	<u>Yokohama-shi</u>	<u>Kanagawa-ken</u>	<u>JAPAN</u>
	City	State or Province	Country
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**Typewritten Full Name
of Third Joint Inventor (if any)**

	Given Name	Middle Initial	Family Name
**Inventor's Signature:			
**Date of Signature:			
	Month	Day	Year
Residence:			
	City	State or Province	Country
Citizenship:			

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mailing address,
including country)

**Typewritten Full Name
of Fourth Joint Inventor (if any)**

	Given Name	Middle Initial	Family Name
**Inventor's Signature:			
**Date of Signature:			
	Month	Day	Year
Residence:			
	City	State or Province	Country
Citizenship:			

Post Office Address:
(Insert complete
mailing address,
including country)

**Typewritten Full Name
of Fifth Joint Inventor (if any)**

	Given Name	Middle Initial	Family Name
**Inventor's Signature:			
**Date of Signature:			
	Month	Day	Year
Residence:			
	City	State or Province	Country
Citizenship:			

Post Office Address: